

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

36158

1. PLACE OF DEATH

County Franklin  
Township \_\_\_\_\_  
City Washington (No. \_\_\_\_\_)

Registration District No. 297  
Primary Registration District No. 3016

File No. \_\_\_\_\_  
Registered No. 80  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. St. Francis Hosp. St. Ward. Hermann, Mo.  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Emilie Timme</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 8-1870</u>		
7. AGE YEARS <u>63</u> MONTHS <u>1</u> DAYS <u>11</u>	If LESS than 1 day, _____ hrs. or _____ min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Farmer</u>	11. Total time (years) spent in this occupation <u>✓</u>	
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</u>		
10. Date deceased last worked at this occupation (month and year) _____		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hermann Mo.</u>
13. NAME <u>Henry Timme</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
15. MAIDEN NAME <u>Mary Boehm</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hermann Mo.</u>
17. INFORMANT (ADDRESS) <u>Mrs Emilie Timme</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hermann City Cem.</u> DATE <u>11/19/35</u>
19. UNDERTAKER (ADDRESS) <u>Hugo Bohmer</u>
20. FILED <u>Nov. 19-1935</u> <u>H. H. Way</u> Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 19-1935  
22. I HEREBY CERTIFY, That I attended deceased from Nov. 11, 1935, to Nov. 19, 1935.  
Last saw him alive on Nov. 19, 1935. Death is said to have occurred on the date stated above, at 5:15 a. m.

The principal cause of death and related causes of importance were as follows:

General Peritonitis following perforation of duodenum ulcer  
Date of onset Nov 7-1935

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify \_\_\_\_\_ (Signed) J. P. Post, M. D.  
(Address) Washington Mo.

